
Full Name

Complete Mailing Address

Daytime Telephone Number

Plaintiff

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF IDAHO

_____,
(full name)

Plaintiff,

v.

_____,
_____,
_____,
Defendant(s).

Case No. _____
(to be assigned by the Court)

**IN FORMA PAUPERIS
APPLICATION**
(nonprisoner)

NOTICE: By completing this Motion and Affidavit, I understand that I am requesting in forma pauperis status rather than paying the filing fee at the time of filing. I understand that, if my request is granted, my fee will not be waived, but that I will be ordered to pay the full filing fee in increments until the filing fee is paid in full, even if my case is later dismissed.

INSTRUCTIONS: Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, the caption of your case, and the question number.

MOTION

I request that the Court allow me to proceed in forma pauperis in this action because I am unable to pay the filing fee at the time of filing as a result of my poverty. I swear or affirm, under penalty of perjury, that the following information is true and correct to the best of my knowledge.

AFFIDAVIT

1. For both you and your spouse, estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ _____	\$ _____	\$ _____	\$ _____
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____

Total monthly income:

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. How much cash do you and your spouse have? \$_____

Below, state any money you or your spouse have in bank accounts or other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
_____	_____	\$_____	\$_____
_____	_____	\$_____	\$_____
_____	_____	\$_____	\$_____

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Address and Value)	Other real estate (Address and Value)	Motor vehicle #1 (Value)
_____	_____	Make: _____
_____	_____	Year: _____
_____	_____	Model: _____

Motor vehicle #2 (Value)	Other assets (item and value)	Other assets (item and value)
Make: _____	_____	_____
Year: _____	_____	_____
Model: _____	_____	_____

6. Does anyone owe you or your spouse money? State the person's name and the amount owed.

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. On the chart below, estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$_____	\$_____
Are real-estate taxes included? Yes No		
Is property insurance included? Yes No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$_____	\$_____
Home maintenance (repairs and upkeep)	\$_____	\$_____
Food	\$_____	\$_____
Clothing	\$_____	\$_____
Laundry and dry-cleaning	\$_____	\$_____
Medical and dental expenses	\$_____	\$_____
Transportation (not including motor vehicle payments)	\$_____	\$_____
Recreation, entertainment, newspapers, magazines, etc.	\$_____	\$_____
Insurance (not deducted from wages or included in Mortgage payments)	\$_____	\$_____
Homeowner's or renter's	\$_____	\$_____
Life	\$_____	\$_____
Health	\$_____	\$_____
Motor Vehicle	\$_____	\$_____
Other:	\$_____	\$_____
Taxes (not deducted from wages or included in Mortgage payments) (specify):_____	\$_____	\$_____
Car payment (creditor):_____	\$_____	\$_____
Credit card (name):_____	\$_____	\$_____
Credit card (name):_____	\$_____	\$_____
Department store (name):_____	\$_____	\$_____
Other:_____	\$_____	\$_____
Alimony, maintenance, and support paid to others	\$_____	\$_____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$_____	\$_____
Other (specify):_____	\$_____	\$_____
Total monthly expenses:	\$_____	\$_____

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months? Yes No (circle one)

If yes, describe: _____

10. Have you paid, or will you be paying, an attorney, paralegal, document preparation service, or anyone else any money for services in connection with this case, including the completion of this form? Yes No (circle one) If yes, how much? \$_____

If yes, state the attorney's or person's name, address, and telephone number:

11. Provide any other information that will help explain why you cannot pay the filing fee.

12. Age: _____ Years of schooling: _____

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the filing fee in my case. I believe I am entitled to redress for the reasons set forth in my complaint. I swear or affirm under penalty of perjury under the laws of the United States of America that my answers on this form are true and correct. (See 28 U.S.C. § 1746 and 18 U.S.C. § 1621.)

Executed this ____ day of _____, 20__.

Plaintiff